Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02-13-2014	Address:	229 Beem Street	
Incident #:	14ISPC001189		Spencer, Indiana	
County :	Owen			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s):	etc)		
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: <u>Backpack/Vehicle</u>				
Water Reactive Metal (Lithium): <u>Backpack/Vehicle</u>				
Anhydrous Ammonia:				
Corrosive Acid: <u>Backpack/Vehicle</u>				
Corrosive Base: <u>Backpack/Vehicle</u>				
Other (ite	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:	Theresa Gast 1G4CW52L4R1610258 1994	Make: Model:	Buick PKA	
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		unclean Estimated le occurring: N	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: N/A Additional Information:	
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Fire Department City, Township or County <u>TWP F</u> Health Department County: <u>OWEN CO</u> Department of Child Services Hotline: <u>dcshotlinere</u>		Example Description Fax: HAND DELIVERED Fax: 812-829-5044 ports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596		
	ormation regarding this methamphetar Officer: <u>Justin Butler</u> Phon	mine laboratory, cont e <u>812-332-4411</u>	tact	

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.